MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f Institution; Residence before admission) a. COUNTY b. COUNTY SOMERSET SOMERSET MARYLAND Department after death. cessary, funeral b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)
PRINCESS ANNE c. CITY OR TOWN (If outside corporete limits, write RURAL and give naerest town) C. LENGTH OF STAY IN 1b шау 93 YEARS RURAL PRINCESS ANNE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS EXAMINER: This certificate should be executed within 24 hours after death. If any delay the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Exeminer's Office along with form PM3. Page State nours YES NO T HAME OF First Middle DATE Month Day Year Lest 4. DECEASED 報と ANNTE PUSEY BELL DEATH AUG. (Typa or print) 21.1966 東語 AGE (In years | IFUNDER 1 YEAR lest birthday) Months | Days 6. COLOR OR RACE HEUNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Devs Hours WHITE FEMALE NOV.23.1872 93 N WIDOWED A DIVORCED Yrs. event and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (Stata or foreign country) NONE SOMERSET CO. U.S.A any 13. FATHER'S NAME MOTHER'S MAIDEN NAME ⊑ JOSEPH PUSEY MARY BUTTER all a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITYNO. (Yes, no, or unknwn) | (If yes give war or dates of service) permit. PURNELL BELL ANNE. MD INTERVAL BETWEEN CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c),) PHOET AND DEATH PART 1. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e cremation, DUE TO Conditions, If any, which (b) gave rise to immediata DUE TO cause (e), stating the 62 used as a to burial, underlying cause last. (c) 119. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NOJ 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While CTOR: Page designated at work at work p,m. Inquiry 21. I certify that I took charge of the remains described above, held an Autopsy Inspection] and in my opinion files. FUNERAL DIRECTOR: I Health or its design Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER for your Page ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER director. retained **EXAMINER'S** Everett Sutter M.D. Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF (State) To REMOVAL (Specify) Y PRINCESS ANNE MD D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE MANOKIN CEMETER PRES 25a. 24. FUNERAL DIRECTOR G R. WILSON PRINCESS ANNE. MD. Charles Judge 1966 VR ALSME (S) DATE 1/65

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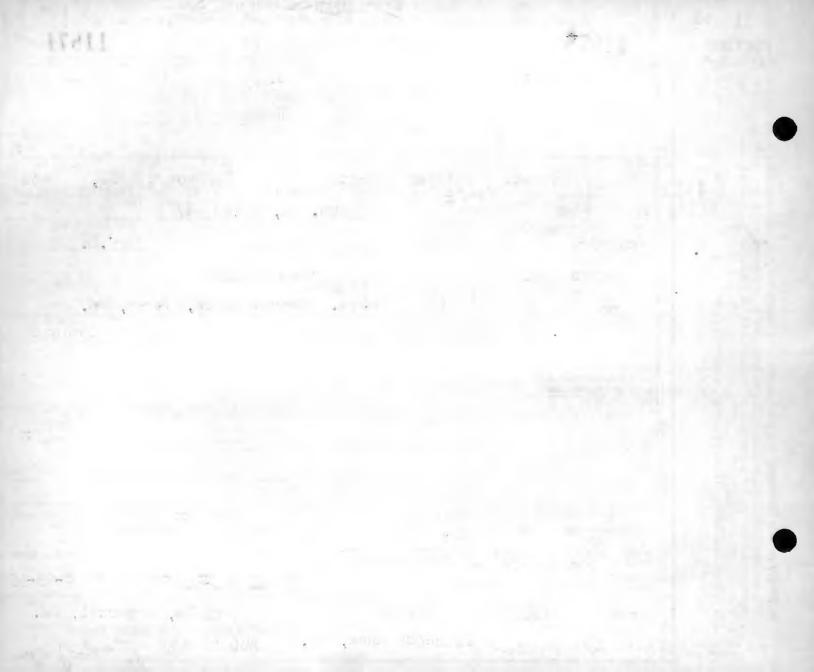
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
	11875 Item 9 CERTIFICATE OF DEATH	11869
1	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
1 -	MARYLAND Maryland	Somerset
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give gearest town) Crisfield c. LENGTH OF STAY IN 1b Marion Station	and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
	McCready Memorial Hospital Box 222	ON A FARM?
3	DECEASED	Day Year 13 19 66
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER	
	Female Negro widowed Divorced Aug. 13, 1966 last birthday) Months	Days Hours Min.
1 d	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. C	WITTEN OF WHAT
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Ľ	ALEXAGER Whittington GLORIA BISH	OP
C	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no, or unknown) (If yes give war or dates of service)	
=	L 12 GARGE OF STATUE.	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) 1/ CELLULOUS (B TYCONICE)	
	Conditions, if any, which) DUE TO Mut Reco-	n
П	gave rise to immediate cause (a), stating the DUE TO	
I z	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
CERTIFICATION	TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (4)	PERFORMED?
	20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.	
FDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While factory, street, office bidg., etc.) (City or town)	nty) (State)
2	pair. 19 jat work at work (1)	
l		L, that (I) (we) last
L		NE DATE STATED ADOVE
ı	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type)	14.7
2	G. C. Coulbourn, M.D. Crisfield, Manyland a. BURIAL CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or cou	inty) (State)
1	REMOVAL (Specify) AUG-13-46 UC-ES/FV	MD
3	4. FUNERAL DIRECTOR ADDRESS 250, REGISTRAR 250, REG	SSIGNATURE
1	Charles Hilard marion sto md DATE 18 1906 Jane	Judge
	6-202154	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY Somerset 2, and 3 to PM3. Poge b. COUNTY Maryland Somerset of deoth. delay Department b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) after Champ e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Office along with form hours 8. Give Pages ote YES 🗍 NO X after death. 3. NAME OF First Middle 4 DATE Lost Month Doy Year DECEASED Everett William Heath DEATH August 20 (Type or print) 19 66 within with SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Doys Hours Aug. 31. 1918 hours WIDOWED DIVORCED Item 1 CN event puo 10o. USUAŁ OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) AULO CU-S. Maryland Ony pending" in pencil in of Medical Examiner's poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM pencil be executed within 2 Thomas Heath Mae McDaniel ond 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service or remayal, Mrs. Rebecca Heath, Champ, Md. no IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-tronsit IMMEDIATE CAUSE (b) Myocardial Infarction M CHISET AND DEATH PART I. DEATH WAS CAUSED BY: certificate should e, writing the word forwarded to the Ch cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse 0 20 lost. buriol, 1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate, YES NOS pe 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should agent, prior PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or town) (County) (State) Your Hour o.m. Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work of work designated 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 5 10 Inquiry . and in my opinion the funerol director. deoth resulted fram: Notural couses -Accident [Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 DEPUTY MEDICAL EXAMINER. 8-23-66 Somerset SutterMD 5 may 70 FUNE Health Everett Address (Street, city, town, or county) Oriole, Somerset, 236. DATE THEREOF 8/23/1966 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (State) Md. FREMOWIL Spicify) Oriole 25b. REGISTRAR'S SIGNATURE Princess FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Anne. Md. AUG VR A15ME 1966



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	OVIAND
	11877 CERTIFICATE OF DEATH	11872
1.	PLACE OF DEATH a. COUNTY Somerset MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residual a. STATE Maryland b. COUNTY Some	ence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and the RURA	give nearest town)
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) McCready Memorial Hospital d. STREET ADDRESS 322 Locust Street	e. IS RESIDENCE ON A FARM? YES NO
3.	OF CTYPE OF PRINT) Pearl L. Hogan OF Aug. 17,	Day Year 1966
	emale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER 1 YE 12 1928 38 yrs. Months Day 38 yrs. 12 1928 38 yrs.	FAR IF UNDER 24 HRS. Hours Min.
10 du		EN OF WHAT
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME CAPOLINE Johnson	
15 (Y	5. WAS DECEASED EVERINU.S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (res, no, or unknown) (If yes give war or dates of service) 220-26-29/2 LOTTE Hoggs Cris Field	ml
		NTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at) (State)
	saw the deceased alive on 8/17/66 19 , and that death occurred at 8; 0M, from the causes and on the causes are caused at the causes and on the causes and on the causes are caused at the caused at the causes are caused at the cause	, that (I) (we) last date stated above SIGNED
	PHYSICIAN'S NAME (Type) S. M. Peyton, M.D. Crisfield, Maryland	
23	BUCHA (Specify) 8/22/66 HSbury Cistield 4. FUMPRAL DIRECTOR 256. REGISTRAR'S S	md
	Huttony E. Ware Cristield Md. DATE AUG 22 1966 golone	en Judge
2 2	111 11 11	IGN

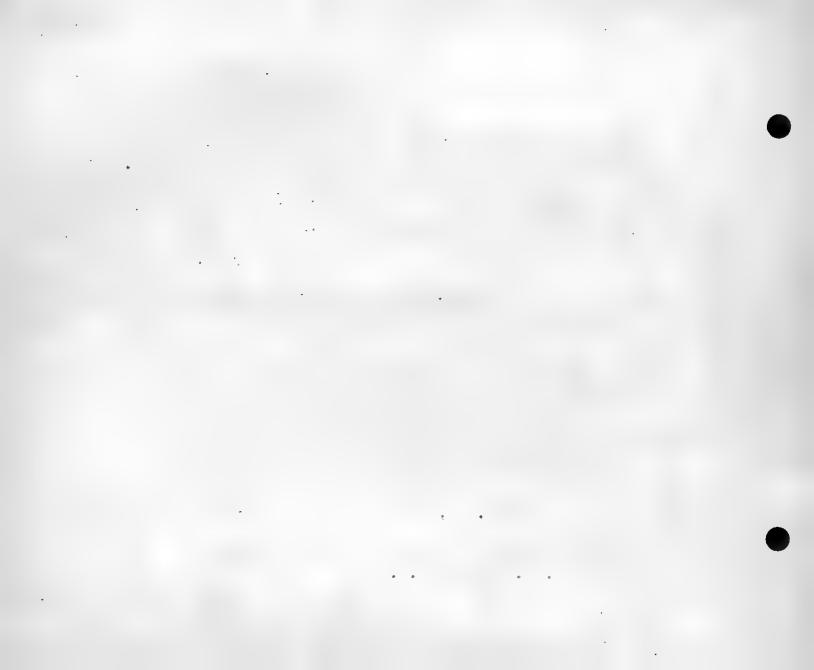
THE CONTRACT TO SERVICE TO SERVIC STHEL desemble and replace desired in 1-Asserting leaders TO THE PARTY OF TH Frank 18270 Sec. 11, 1932 38 LAKOTOT STATES LANGE UM US. Peray Hagan CHISING Sharen DESCRIPTION LOTTE Hope ConfideNI exist stales there contail the the territory of the state of t

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11878 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Somerset o. SIATWarvland a. COUNTY Somerset 0 death. MARYIAND P.M3. Pag b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) Ry weite RI RAL Chil nive negrest town) Chance 6years e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 72 hours NO Z Item 18. Give Poges 3. NAME OF Middle First last 4 DATE Month Doy DECEASED Richard Legan August 66 Lee within IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR S. SEX has birthday) Manths Dec. 23, 1946 DIVORCED hours WIDOWED event 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY S. during most of working life, even if retired) INDUSTRY Mississippi ony 4 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME E Harvey L. Legan Doris Daft 119 puo 17. INFORMANT IS. WAS DECFASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address be executed permit. removal, (Yes, no, ar unknawn) (If yes give war or dates af service Mrs. Harvey Legan, Chance, Md. pending" 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH self inflicted gunshot wound of left ches 0 This certificate should e, writing the word forwarded to the Ch DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse 0 00 buriol, c WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION ogent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING deceased held32 to left chest and shot self CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (County) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (State) Not While factory, street, office bldg., etc.)
at wark pural Chance moy be retained for your FUNERAL DIRECTOR: Page at wark 5PWp.m. 8-27-669 Chance Somerset Md 2). I certify that I taak charge of the remains described above, held an Autopsy . Inspection 17 Inquiry 17 ond in my opinion death resulted fram: Accident Suicide T. Homicide Notural causes Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER **SIGNATURE** the funeral TO DEPUTY DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Somerset 8-29-66 EXAMINERS Everett Sutter 5 moy FOREITH Heolth NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) Chance, Somerset, 8/30/1966 By REMOYAL (Specify) Rock Creek ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S_SIGNATURE FUNERAL DIRECTOR Princess Anne, Md 1966 Milarley & VR ATSME (6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e. COUNTY b. COUNTY by the f Pages 1 urs after Maryland Somerset Somerset MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) mpletely filled in by tearbon papers. Page efft, within 72 hours a Adult life Crisfield Crisfield d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 11 N. Somerset Ave. 11 N. Somerset Ave. No X YES executed within NAME DE First Middle Last DATE Month Day DECEASED PICETO FT.ORENCE MARSHALL. 19 66 (Type or print) August DEATH 16. and bomp 5. SEX AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH remove n any ev 9. 7. MARRIED NEVER MARRIED White Female WIDOWED T DIVORCED [Sept 9. 1872 sician e lease re and in a 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þe during most of working life, even if retired) INDUSTRY COUNTRY? Maryland USA Housewife None death certificate physi n plea 13. FATHER'S NAME attending phy ermit. Then p in or removal, 14. MOTHER'S MAIDEN NAME Florence Thomas Thomas Sterling 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) the attentit W. Clinton Marshall, Same as 2. abcd transit perm cremation, None ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). law requires that the been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate **DUE TO** cause (a), stating underlying cause last. has (c) 88 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use for use Health PERFORMED? CERTIFICATI this certificate detached for use NO [YES PHYSICIAN: 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) ö MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work p.m. retained the series 1964 to (440 1966, that (I) (we) last DIRECTOR: age 3 should led with the 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred at 724 M, from the causes and on the date stated above. saw the deceased alive on. 8/16/66 22a. SIGNATURE page M.D. **OIRECTOR** PHYS. FUNERAL I O HOSPITAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) G. Rawley. Crisfield, Maryland M. D. 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. (State) 2 Crisfield Cemetery Crisfield, Maryland 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I VCharles Bradshaw & Sons, Crisfield, Maryland 1966 A15 (4) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Marvland Somerset Somerset MARYLANO b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Crisfiel d completely filled in we carbon papers. event, within 72 ho e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? McCready Memorial Hospital NO F Hoptown Road The law requires that the death certificate be executed within 3. NAME DE DATE Last Mon th DECEASED DF DEATH Miles Aug. Allen 19 (Type or print) AGE (In years | IFUNDER 1 YEAR | FUNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH **NEVER MARRIED** Negro Male WICOWEO F OLVORGED IN 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 1000 13. FATHER'S MOTHER'S MAIDEN NAME 1 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. INFORMAN (Yes, no, or unkown) (If yes give war or dates of service) the t pe INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed the burial-trained to burial, c DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY PERFORMED? certificate NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached f te Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (State) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm,) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While 19 at work at work TO ., that (!) (we) last the 21. I certify that (!) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNEO 22a. SIGNATURE ATTENDING DIRECTOR ₻ director, pe 22d, ADDRESS FUNERAL PHYSICIAN'S Crisfield, Maryland NAME (Type) Peyton. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL CREMATION. REMOVAL/(Specify) REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966 VR A15 (4) DATE 20M 1/65



1.	PLACE OF DEATH 6. COUNTY Somerset MARYLAND 2. USUAL RESIDENCE Where decessed lived, if institution 6. STATE Maryland ABYLAND D. COUNTY Som	nerset
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Crisfield Crisfield Crisfield Crisfield	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address) Pine Street Pine Street	o. IS RESIDENCE ON A FARM YES NO
3.	NAME OF First Middle Lest 4. DATE Month OF OF DECEASED (Type or print) PAUL, FISHER PURNELL, DEATH AUGUST	Day Yeer 30 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years If UNDER Months) White WIDOWED DIVORCED Aug. 25, 1898 9. AGE (in years If UNDER Months) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Aug. 25, 1898	R1 YEAR IF UNDER 24 HR
10 d	Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	S.A.
13	George T. Purnell 14. MOTHER'S MAIDEN NAME Jennie E. Hoffman	
1.5 (Y	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes W X I 143-01-5819 Mrs. Louise Banks-Kingston, Maryl	land
CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying acuse test. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA Buerger 's disease. 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.)	RT 1(e) 19. WAS AUTOPS PERFORMED? YES NO
MEDICAL CER	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19 20d. INJURY OCCURRED While Not While et work at work 19 19 19 19 19 19 19 19 19 19 19 19 19	ounty) (State)
22	TEMENTS OF THE PROPERTY OF THE	and in my opinion pare signed 9/1/66 field, Md.



1 9	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
4 224	11882 CERTIFICATE OF DEATH	377
hours after death. d in by the funeral rs. Pages and 2 thours after death.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY	nce before admission)
重量	Somerset MARYLAND Maryland Worces	
by t Page irs a		give nearest town)
hour d in rs.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
within 24 hours after or letely filled in by the furbon papers. Page 4, within 72 hours after 4	Smith Care Home Powell St.	YES NO NO
executed within and completely permove carbon party with	3. NAME OF First Middle Last 4. DATE Month D	lay Year
d w	(Type or print) Color of Race 7 Mapping Never Mapping 8. Date of Birth 9. Age (in years Funder 1 Ye	0 19 66
and com	last birthday) Months Day	s Hours Min.
	10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 1 13-BIRTHPLACE (County & State, or foreign country) 1 12, CITIZI	EN OF WHAT
certificate be ending physician Then please premoval, and in	Housewite Own Home Hughesville Pa M.	5 A
certificate iding phy Then pl	13. FATHER'S NAME	
nding The	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT J Address	
ath atte n, or	(Yes, no, or unknown) (If yes give war or dates of service) No Nene Grover Reeder Snew Hill	MIL
P 의 연구품		NTERVAL BETWEEN DISET AND DEATH
hat the cian. ed by ti	PART I. DEATH WAS CAUSED BY: Cre bral hemorrhage -	& plays.
law requires that the tttending physician. has been signed by the as the burial-transit iprior to burial, cremal	Constitute to DUE TO GATE ARROWS	urs.
tuire g ph en s e bu	Conditions, If any, which gave rise to Immediate cause (a) extens the DUE TO	
w rec endings is be s the	underlying cause last. (c)	
PRYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed by detached for use as the burial-transe Dept. of Health prior to burial, cre		9. WAS AUTOPSY PERFORMED?
ficat for u		YES NO
PHYSICIAN: The the hospital or a this certificate detached for use to Dept. of Health	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) CONTRIBUTING 20b. CAUSE OF DEATH CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) CONTRIBUTING 20b. CAUSE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
PRYSI the ho this detacl		(State)
tat tat	p.m. 19 at work at work	
L OR ATTENDING y be retained by DIRECTOR. After age 3 should be	11 (/ - 116	that (I) (we) last
retar coro	saw the deceased alive on \$ -20 19 (do, and that death occurred at 3 42M, from the causes and on the causes and on the causes and on the causes are caused at 3 42M, from the causes and on the causes are caused at 3 42M, from the causes and on the causes are caused at 3 42M, from the causes and on the causes are caused at 3 42M, from the caused at 3 42M, from t	
DIRE 3	ORCHURCH. M.D. ATTENDING OIRECTOR STAFF	
TAL May	22c. PHYSICIAN'S NAME (Type) / Of Paris last MIT 22d. ADDRESS	
FOR HOSPITAL OR Page 4 may be to FUNERAL DIRECTOR, page should be filed to the filed by the filed be filed be filed be filed be filed by the filed b	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county,) (State)
F 10 1 10 1 10 1 10 10 10 10 10 10 10 10	ASMOYS (Specify)	3-2-106
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAM 250. REGISTRAM'S S	11 4 4
VR A15 (4)	Former Fillennes Snow Hill May DATE AUG 23 1966 Junior	0

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) Somerset b. COUNTY Le Banon elinsvlvania by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! Rural Pocomoke weeks Rural Jonestown rages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Westover . R.R.] R.R.l completel 3. NAME OF First 4. DATE Middle Last Month DECEASED Wert Aug. Winnie Alma (Type or print) DEATH and ce 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR lest birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Juniata Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Sieber Mary Haldeman ₫ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or datas of service) Amos King. Westover, Md. NO 0 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CATION CERTIFIE 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) JE EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. FUNERAL rector, page . M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crisfield Md . Sarah M. Peyton 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 256. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 [4] 1966 ISM 7/61

RYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE

YES-F- NO .

IF UNDER 24 HRS.

Min.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO F

> > (Stete)

22b. DATE

SIGNED

(County)

U.S.A.

ON A FARM?